











### Intestinal mucosa

- Large surface area
- Stable ionic microenvironment
- Epithelial cell turnover
- Epithelial cell maturation
- Structural and functional adaptations
- Epithelial cell polarity

The intesting surface are	e has a very l a for absorp	large tion
Type of Surface	Amplification Factor	Surface Area (cm <sup>2</sup> )
Mucosal cylinder	1	3,300
Fold of Kerkring	3	10,000
Villi	10	100,000
Microvilli	20	2,000,000
Total surf Double Ter	ace area = 200 m <sup>2</sup> nis Court = 175 m <sup>2</sup>	. 6





















## Pathogenic mechanisms

- Decreased mucosal surface area
- Ileal dysfunction
- Exudative enteropathy
- Inflammatory or tumor-associated secretagogues
- Altered motility
  - Slow transit/bacterial overgrowth
  - Rapid transit



# Consequences of intestinal resection

	Jejunal resection	lleal resection
Total nutrient absorption	Normal (if <75%)	Normal
B12, bile salt absorption	Normal	Decreased
Adaptation	Normal	Decreased
Transit	Normal	Rapid













## Viruses associated with gastroenteritis

- Rotaviruses
- Adenoviruses
- Caliciviruses
- Norwalk like viruses or SRSV (Small Round Structured Viruses)
- Astroviruses
- SRV (Small Round Viruses)
- Coronaviruses
- Toroviruses







1
Hydroxylation by
Enteric Bacteria
ОН
i T
$CH_3 - (CH_2)_7 - CH - CH_2 - (CH_2)_7 - COOH$























Practice guidelines for the	
management of infectious diarrhea	

## Guidelines - why?

- Response to need for cost effective approach to diagnosis and management
- Evidence-based approach
  - Identify uncertainties
  - Grades the quality of the evidence as much as the evidence itself
- · Work in progress: needs periodic revision

## Guidelines Strenath

- · A Good evidence to recommend
- B Fair evidence to
- recommend · C - Poor evidence to
- recommend for or against D - Fair evidence to
- recommend against · E - Good evidence to recommend against

#### Quality

- · I At least 1 RCT • II - At least 1 well
  - designed trial
  - not RCT
  - cohort, case control, dramatic uncontrolled studies
- · III Expert opinion

## Diarrhea: magnitude of the problem

- · Second leading cause of morbidity and mortality worldwide
- · >200 million cases of diarrhea per year in the US
- 73 million physician consultations, 1.8 million hospitalizations, 3,100 deaths (mostly in the elderly)
- Other morbidities: HUS, Guillain-Barre, malnutrition
- · Etiology hardly ever determined
- Etiologic diagnosis usually is too late to be of clinical use in outpatients
- Often untreated, even if diagnosis is made
- The large majority of cases are self-limited in otherwise healthy children and adults



## Etiologic diagnosis: who cares?

- Public health: passive surveillance for common source outbreaks or serious pathogens
- Bioterrorism
- Vulnerable populations
  - Extremes of life
  - Malnourished
  - Immune deficient

## Other considerations

- Regional and seasonal variation in the US
- Globalization
- Infections promoted by crowding and uncertain hygeine
  - Child care
  - Schools
  - Cruise ships
- Decreased recovery with immune deficiency: HIV, immune suppressed, post-transplant, aging

## Guidelines

- Oral rehydration
- Clinical and epidemiological evaluation
- Stool tests
- Antimicrobial therapy
- Antidiarrheals
- · Available immunizations



## **Clinical recommendations**

- Initial rehydration: ORS
  A-I
  available commercially
  - 3.5 gm NaCl, 2.5 gm NaHCO<sub>3</sub>, 1.5 gm KCl , and 20 gm glucose or glucose polymer per liter of water
  - glucose can be supplied as sucrose or cooked cereal flour
  - Na 90 mM, K 20 mM, Cl 80 mM, HCO $_3$  30 mM, glucose 111 mM



	Na	Glucose	osmolality
WHO-ORS	90	111	310
Chicken soup	250	0	450
Sports drink	20	111	145
Ginger ale	3	500	540
Apple juice	3	690	730

Na and glucose as mM, osmolality in mosm